



**Horizon Traveling Vet Tech  
CPR or DNR Consent Form**

Pet's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Horizon Traveling Vet Tech is committed to providing patients with gold-standard care that considers the quality as well as the quantity of a pet's life. For patients experiencing advanced disease, advanced age, multiple disease processes, or a disease considered to be terminal, it's appropriate to decide in advance whether aggressive measures of resuscitation (CPR) will be employed if needed.

DNR means "do not resuscitate". This is a decision that resuscitation (CPR) is not to be performed in the event that the pet stops breathing, has no heartbeat, collapses or becomes unconscious.

Resuscitation (CPR) of a collapsed or unconscious patient is tailored to meet the needs of the individual but may include any or all of the following:

- Chest compressions
- Immediate transport to nearest emergency veterinary hospital at the owners expense

Animals that have survived cardiopulmonary arrest and have been successfully resuscitated (CPR) are extremely critical and unstable. Management of the post-arrest patient requires vigilant monitoring and the technical expertise of dedicated critical care personnel. This care is costly and the outcome is uncertain.

I have read and understood the information above or have had it explained to my satisfaction. Hereby, I expressly agree to release **Horizon Traveling Vet Tech**, and its agents and representatives, from liability for any and all damages to my pet and agree to hold **Horizon Traveling Vet Tech**, its agents and representatives harmless from any liability (except in the case of gross negligence) associated with the procedure and treatments being performed on my pet.

\_\_\_\_\_  
**Signature of Owner/Agent**

\_\_\_\_\_  
**Date**

**DNR** I DO NOT wish the staff to perform CPR on my pet. I understand that if my pet suffers from cardiac arrest, respiratory arrest, collapse or unconsciousness if CPR is not performed, my pet will pass away.

**CPR** I DO wish the staff to perform resuscitation (CPR) on my pet if my pet suffers from cardiac arrest, respiratory arrest, collapse or unconsciousness.

\_\_\_\_\_(initial) If I request such emergency procedures, I agree to be held responsible for veterinary services provided to my pet while staff members (from the emergency facility of Horizon Traveling Vet Tech's choosing) pursue treatment and try to reach me for further directions.

\_\_\_\_\_  
**Signature of Owner/Agent**